



The Journal

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Course Tests Military Medical Students' Combat Knowledge

By Andrew Damstedt
NSAB Public Affairs staff writer

When the shots started, the group of four got down, returned fire and then started assessing the damage. Next, they ran over to two others who were injured.

"I'm hit!"

"It's going to be alright. Talk to me. What happened?"

"My leg is bleeding." "I can't breathe."

"Can we get a tourniquet on that? Can we get a tourniquet on that?"

"You're going to be alright, you're going to be alright."

"I can't see." "What's wrong with him?"

"We're taking care of him, alright; I want you to focus on us."

Two were injured – one with a gunshot wound, collapsed lung and burnt

airway – and another with a junctional bleed and an eye injury in this simulated battlefield scenario that's designed to test the knowledge that Uniformed Services University of the Health Sciences (USU) medical students learned during their first year.

The Advanced Combat Medical Experience (ACME) course is one of the first things the medical school students experience during their second year at USU. The ACME course was first offered last year and one change to this year's combat scenario was arming the students with paintball guns.

"Last year, the students didn't have real paintball guns, just the aggressor had paintball guns," said Hospital Corpsman 1st Class

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Photo by Andrew Damstedt

A Uniformed Services University of the Health Sciences (USU) second-year medical student provides treatment to Air Force 2nd Lt. Zac Tchopov, who played the role of a patient by wearing a 'cut suit' that allowed real procedures to be performed on him during the Advanced Combat Medical Experience course.

Navy Medical Service Corps Celebrates 68 Years of Service



Photo by Bernard S. Little

Rear Adm. Terry J. Moulton, director of the Navy Medical Service Corps, speaks during a professional development seminar celebrating the corps's 68th anniversary at Walter Reed National Military Medical Center Aug. 7.

By Bernard S. Little
WRNMMC Public Affairs staff writer

Professionalism, jointness and family are three values officers of the Navy's Medical Service Corps (MSC) focus on to better serve beneficiaries and the nation, said Rear Adm. Terry J. Moulton.

The director of the MSC, Moulton discussed the state of the corps during its professional development symposium, held in conjunction with the 68th anniversary of the corps's creation, Aug. 7 in the Memorial Auditorium at Walter Reed National

Military Medical Center (WRNMMC).

Aligned with Navy Medicine's objectives of readiness, value and jointness, Moulton said the MSC values provide the "strength and the hallmark" of the corps (professionalism), as well as the future course for which it must operate going forward (jointness), and "the foundation that makes us strong and capable naval officers (family)."

The admiral described the MSC as an integral part of Navy Medicine, and one of its most diverse corps comprised of

approximately 2,800 active duty and reserve officers serving in 31 subspecialties under three major categories: health-care administrators, clinicians and scientists.

Originally called the Navy Hospital Corps in World War I, the MSC was officially authorized by the Army-Navy Medical Service Corps Act on Aug. 4, 1947 of that year. The corps originally had four specialist sections: supply and administration, optometry, allied sciences, and pharmacy.

Moulton explained that in support of Navy Medicine's readiness and

health benefits missions, MSC officers serve in a variety of settings, including in medical treatment facilities and branch clinics, on ships, in research centers and laboratories, as well as on expeditionary medical operations.

"Your record is your resume," Moulton added. "Your job is to make sure your resume [as well as] your photograph, are good and current. As you go in your career, think about the job you have and how you plan to build your resume. Look to make yourself better and more competitive through

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Director's Column

We are making strong progress on our initiatives to improve the patient's experience of care, and it is gratifying and very encouraging to be able to work with the stellar leaders and staffs at our Market Military Treatment Facilities (MTFs) to accomplish our mission and position ourselves to provide even better health care. You now have the opportunity to access enhanced programs and services throughout the area by enrolling in TRICARE Prime at an MTF in the National Capital Region (NCR) Multi-Service Market.



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dress urgent health concerns, schedule a same-day appointment with your Primary Care Manager and direct you to an urgent care center without having to pay point-of-service copays. Also, the Fast Track service located in the Walter Reed National Military Medical Center Emergency Department is available to meet your urgent care needs. Fast Track is for patients over 12 months of age and is open every day 10 a.m. to 9 p.m. You do not need a referral or an appointment and projected wait times are usually less than an hour.

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We are committed to providing the best care to our very deserving military members and their families. I encourage your involvement in achieving our goals of becoming partners in your care and advancing our world class health-care system for the benefit of our patients.

Thank you for your service and support,
Rear Adm. Raquel Bono
Director, National Capital Region
Medical Directorate

Bethesda Notebook

Women's Equality Day

The Multi-Cultural Committee at Walter Reed National Military Medical Center will host a Women's Equality Day observance on Aug. 27 at 11:30 a.m. in the America Building (Bldg. 19), in the lobby. Master Sgt. Staci Harrison will be the guest speaker and the Tia Dae Band is scheduled to perform. Women's Equality Day is Aug. 26. For more information, contact Chief Hospital Corpsman Reese at 301-319-2624 or Hospital Corpsman 2nd Class Silvey at 301-295-4263.

NCOER Training

Non-Commissioned Officer Evaluation Report (NCOER) Training is scheduled for Aug. 24 from 8 to 10 a.m., and from 2 to 4 p.m. in the USO Building. The training is for all NCOs, officers and Navy personnel who rate an Army NCO. For more information, call Master Sgt. Noble at 301-319-2514.

TeamSTEPPS Training

TeamSTEPPS (Teamwork Skills, Team Strategies and Tools to Enhance Performance and Patient Safety) Training four-hour fundamental course is Aug. 21, and the two-day train-the-trainer course is Sept. 28-29. For registration, times and location, contact Hospital Education and Training (HEAT) at dha.bethesda.ncr-medical.list.wrnm-class-registration@mail.mil.

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Commanding Officer: Capt. Marvin L. Jones
Public Affairs Officer: Ronald D. Inman
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NSAB Ombudsman
Michelle Herrera 240-370-5421

NSAB Chaplain's Office 301-319-4443/4706

Journal Staff

Managing Editor MC3 Hank Gettys
WRNMMC Editor Bernard Little

Sexual Assault Response
Coordinator Hotline 301-442-2053

Staff Writers MC1 Christopher Krucke
Andrew Damstedt
Sarah Marshall
Sharon Renee Taylor
Joseph Nieves

NSA Bethesda
Fleet And Family Support Center 301-319-4087

Walter Reed National Military Medical Center
Office of Media Relations 301-295-5727

NSAB Emergency Information Line 301-295-6246

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Non-Medical Attendants Help Ease Stress of Recovery for Wounded, Ill, Injured

By Sgt. 1st Class
Jon Cupp
Warrior Transition
Brigade-National Capital
Region Public Affairs

Life as a wounded, ill or injured military service member isn't easy. The road to recovery for these warriors is sometimes paved with hardships complicated by changes to their mobility, their thought process due to prescribed medications after surgery and other issues caused by major conditions, such as cancer, post-traumatic stress or a traumatic brain injury.

In such cases where severely wounded, ill or injured troops are incapable of fully managing their day-to-day affairs on their own, the military offers the option of non-medical attendants (NMAs), who serve as live-in caregivers to help these troops as they continue treatment and work to recover.

For Warrior Transition Brigade-National Capital Region (WTB-NCR) Soldiers at Naval Support Activity Bethesda (NSAB), NMAs can be a godsend, according to Linda Rasnake, a WTB-NCR family readiness support assistant.

"Once a wounded, ill or injured Soldier gets here, not all of them need an NMA, but for those that do, the NMAs assist with daily living which can be things like getting someone from their bed to a [wheel] chair, feeding them and in some cases clothing them," said Rasnake. "When a warrior gets injured, their whole lives



Photo by Sgt. 1st Class Jon Cupp

Sgt. Eric Osborne (left), a patient and Soldier with the Warrior Transition Brigade-National Capital Region, heads to a medical appointment July 29 with his non-medical attendant (NMA) Christy Blankenship at Walter Reed National Military Medical Center on Naval Support Activity Bethesda.

have changed, either emotionally or physically or whatever the case may be, whether from a TBI or from something like PTSD."

"They may not be able to remember to take their pills or remember what appointments they have to go to each day. The WTB Soldier's job while here is to recover, so their major responsibility is to get to their appointments, and later on down the road, to work on their transition either back to active duty or on to civilian life," added Rasnake. "The NMAs help them to get them through their daily routine so there are no hiccups and also assist them in their transition."

Along with helping with the

normal daily activities of shopping, cleaning, cooking, laundry and assisting patients with appointments, NMAs help prepare medications, ensuring proper dosage for patients and keeping them on schedule for taking their meds.

They are also required to motivate patients to work on their transition plans to include such things as future employment/education goals, keep up their spirits and serve as an advocate for the Soldier with regard to medical and administrative issues.

Durham, North Carolina, native Christy Blankenship, an

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Airmen Complete First Joint Training for Air Force Psych Techs

By Bernard S. Little
WRNMMC Public
Affairs
staff writer

Two Airmen recently completed the first ever joint training program for Air Force enlisted psychiatric technicians at Walter Reed National Military Medical Center (WRNMMC).

Airmen 1st Class Victor Gutierrez and Justin Jones both expressed a desire to better serve military healthcare beneficiaries now that they have completed the training at WRNMMC.

"It was a really good experience and I felt I learned a lot," said Gutierrez. "What I found most rewarding about the training was being able to see the change from when beneficiaries first get here, and as you work with them, how they get better."

Jones agreed.

"I got a chance to do some things I wouldn't normally do, and I got a chance to work with some patients who really opened my eyes and humbled me," he said. "To help those people and learn more about the medical side of mental health was very rewarding."

During a brief ceremony Aug. 14 recognizing the Airmen, Army Sgt. 1st Class Jonathan Colon, senior enlisted leader of the Director-

ate of Behavioral Health at WRNMMC, explained how the joint training began.

Colon, who helped spearhead the effort, said to his knowledge the Air Force currently has only one inpatient psychiatry facility, so there's limited opportunity for their psych techs to receive training on inpatient operations. This led to discussion of Airmen who work in behavioral health at Malcolm Grow Medical Clinics and Surgery Center, Joint Base Andrews, Md., coming to WRNMMC for training, he added.

Gutierrez and Jones trained at WRNMMC for the past six months to "build their skills set and help them become better well-rounded psych techs," Colon said.

Also at the ceremony, WRNMMC Director, Maj. Gen. (Dr.) Jeffrey B. Clark, said the medical center has one priority: "An extraordinary patient experience for every patient, every time." He said in line with that priority, there must be access to that care, and it must be delivered with compassion. He encouraged not only Gutierrez and Jones, but all staff at WRNMMC to provide extraordinary and compassionate care to "all we are privileged to serve." The general then presented each of the Airmen with a WRNMMC coin for their achievement.

Secretary of Defense Visits with Wounded Warriors



Photos by MC3 Hank Gettys

Secretary of Defense Ashton Carter meets with a group of Wounded Warriors Aug. 18 in Bldg. 62 aboard Naval Support Activity Bethesda.



MEDICAL

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experience, joining professional organizations, and attending training. All those add up for your resume."

Army Col. Eva Calero, a laboratory officer, expressed similar sentiments in discussing the Army's Medical Service Corps (MS), sister corps to the Navy's MSC, during the symposium. She said like the Navy's MSC, the mission of the Army MS is to provide "uniquely qualified administrative, clinical, and scientific leaders to best enable a system for health." She also stressed the importance of assignments, training and mentorship in career progression for officers within the MS.

Other topics discussed during the day-long symposium included an update on Quality/Clinical Practice by retired Army Col. (Dr.) Thomas FitzPatrick, chief of quality at WRNMMC, and a briefing about Joint Medical Executive Skills given by retired Navy Master Chief Clinton Garrett, manager of the program for Navy Medicine. Garrett addressed the importance of that program's initiatives as officers progress through the ranks into senior roles as future executive leaders in military medicine.

"One of the things we always want to keep in tune to is our professional development," said Navy Capt. Clarence Thomas, WRNMMC acting chief of staff. He added professional development symposiums such as the one for the MSC, provide information to let individuals know how they fit into the "big picture," and how that translates into what they do on a day-to-day basis. In addition, he said the symposiums provide individuals with information they can use to progress in their careers.

Music, Family Outreach Headline Upcoming Science Café Dealing with Head Injuries

By Paul Bello
National Museum of Health and Medicine

With the new school year fast approaching, the Defense and Veterans Brain Injury Center (DVBIC) and National Museum of Health and Medicine (NMHM) are teaming up to offer families a fun-filled forum where they can learn how to minimize the risk of concussion, as well as how to recognize symptoms of a traumatic brain injury. The presentation, "Your Head Matters: Wear a Helmet," takes place during NMHM's monthly Medical Museum Science Café, Tuesday, Aug. 25 from 6 – 7 p.m. in Silver Spring, Maryland.

The free evening program promises to be informative, entertaining and unique, as Washington-based singer/songwriter Marsha Goodman-Wood will also be on hand to perform original songs that educate children about safety. Wood's academic background is in cognitive neuroscience and her latest album, Gravity Vacation, includes a song entitled "Wear a Helmet," a tribute to a high school friend who was injured in an accident.

"We want to reach school-age kids, as well as parents, and feel her (Wood) songs are a perfect complement to the night's theme," said Pamela Sjolinder, regional education coordinator for DVBIC. "Our goal for presentations like this is to talk to parents and kids on a level where kids can understand the material. Most of all, we want this to be fun for everyone involved."

DVBIC will have a table of information available, such as its parent guides



Photo by Matthew Breitbart

Pamela Sjolinder, an educator with the Defense and Veterans Brain Injury Center (DVBIC), discusses the importance of wearing a sports helmet with a middle school student during Brain Awareness Week, which was held at the National Museum of Health and Medicine (NMHM) in Silver Spring, Md. in March.

detailing what to do when a child suffers a concussion or when to send children back to school following an injury. These guides also offer tips on how to stay off the computer and how to cut back on

physical education after a child has suffered a brain injury. The Shannon Maxwell books, "Big Boss Brain" and "My Dad is Invincible," written especially for children of military parents who have suffered a traumatic brain injury, will also be available for families to take at the program.

Sjolinder, who briefs all the youth sports teams at Fort Belvoir and who has worked this summer with its youth soccer and basketball camps, will also have a table where she will provide a hands-on demonstration on how to properly wear a bicycle helmet. She will be joined by her colleague, Sherray Holland, a physician's assistant and fellow educator at DVBIC, who has worked at a concussion care center helping youth athletes. She will make a presentation that highlights the organization's new educational initiative, "A Head for the Future," which has additional information about concussions and prevention tips.

"Parents don't always know what to do with their child after a concussion. School teachers or athletic coaches understand the symptoms, but not so much the parents," Sjolinder said. "One

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STRESS

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NMA, said the best part of being a care-giver has been aiding the recovery of her friend of six years, Sgt. Eric Osborne, a licensed practical nurse and patient with the WTB-NCR who was sent to NSAB in July 2014 after an accident fractured his ankle, left fibula, right tibia, lateral hip, pelvis and two places in his back.

"As a civilian, it's easier for me to advocate and deal with the military for [Osborne], and with appointments, because sometimes he forgets," said Blankenship. "So I'll help take some of the stress off him by talking with his nurse case manager and making an appointment so he doesn't have to remember."

"It can be a hard job, taking up a lot of time, but I enjoy it. When he was first here, he was having three or four appointments a day, but now he is progressing, getting stronger and more independent," added Blankenship. "The rewards have been that I get to see him getting better and gaining back his independence as he becomes able to do more things for himself."

In order to aid in Osborne's psychological well-being, Blankenship said she needed to break up the monotony and tedium of the daily routine by finding recreational activities for him to do.

"When you're here, your life is on hold and you're not doing what you want to do, so you need to do things to keep your spirits up and take a break from appointments," explained Blankenship. "We try to do things like going to the movies, taking a trip or eating a meal in Baltimore."

Doctors, nurse case managers and others work with the local command to make determinations on whether a patient's case warrants an NMA. NMAs can be members of a person's immediate family such as a spouse, sibling or parent. In some cases, the NMA may be a friend or someone assigned by the command to

the service member. Once approved as an NMA, the care giver receives orders allowing them to live on base with their Soldier.

Having arrived to NSAB on NMA orders in July 2014, Rachel Williams looks after her daughter, Spotsylvania, Virginia, native Spc. Allyson Williams, a combat medic, who arrived to NSAB for treatment in April 2014 after suffering tears in her hip and issues with her pelvis requiring major surgeries.

"It can be difficult as a parent not knowing what's going on, especially when I was back home in Massachusetts and she (Allyson) was here," said Rachel, who hails from Merrimac, Massachusetts. "But being here now as her NMA, I can actually watch her doing physical therapy and can see the progress she's making."

Although NMAs are not required to have medical training, there are five training modules available to them which focus on NMA duties along with information about base amenities they are permitted to use while on NMA orders.

Soldiers who benefit from having live-in care givers said they are appreciative of the NMA program.

"It's nice to have an NMA, especially on those days when I'm in a wheel chair [for a long] time and my arms get really tired. So having someone else push the chair has been great," said Osborne, who hails from Michigan City, Indiana. "The normal tasks that take people a few seconds to do, take me much longer, so it's a great help to have someone who can do those things."

"Having an NMA is kind of a love, hate type thing for me because it's hard being an independent person and then having to go back to relying on someone else for everything," said Allyson. "But I honestly don't know what I would have done without having my mom here helping me especially after all the types of surgeries I've had this last year. Having an NMA is a vital part of recovery, especially for emotional stability and peace of mind."

Currently, there are more than 50 NMAs serving Soldiers of the WTB-NCR on NSAB.

HEAD

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thing I try to do is ask them questions because most don't know what to ask. A presentation like this definitely helps Mom and dad."

NMHM's Medical Museum Science Cafés are a regular series of informal talks that connect the mission of the Department of Defense museum with the public. NMHM was founded as the Army Medical Museum in 1862 and moved to its new location in Silver Spring, Md. in 2012. For more information on this program or other NMHM activities, please visit www.medicalmuseum.mil.

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COMBAT

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Greggory Cannon, the non-commissioned officer in charge of the course. "So this year, we made the change that everybody in the care-under-fire scenario had paintball guns so they'd fire them back and forth just like in a real war scenario."

Cannon said that change helped bring combat awareness to the medical students, so they're not just focused on the medical side but they also focus on the tactical care, "stay low, and shoot back and return fire and yell out to the casualties to come back and help themselves put a tourniquet on for themselves."

USU Assistant Professor Craig Goolsby, who oversaw the training exercise, said the course is designed to teach second-year military medical students tactical combat casualty care.

"This is a set of skills and knowledge they will need to provide effective medical care for our combat wounded casualties on the battlefield," he said.

The training took place in the wooded area across the street from the university where the medical students came under fire, returned fire and provided basic medical interventions. There were four different scenarios in which the medical students had to provide treatment such as putting tubes in to breathe for people, inserting needles into the chest to alleviate breathing problems and starting IVs to get fluids, among others, Goolsby said.

Air Force 2nd Lt. Zac Tchopev, a second-year medical student who took the course earlier this summer so he could be an ACME teaching assistant, played the patient who had a gunshot wound.

"Our classmates did an excellent job," Tchopev said. "It's fun being the patient because you get to act a little bit and stress out your classmates, but they did a good job under pressure, controlling the bleeding and addressing our needs."

Navy Ensign Mike Andersen, who played the patient with a junctional bleed, said he was impressed by the two treating him "in their ability to communicate with each other and with me as a patient and reassure me that I was getting the proper care and that [Tchopev] was also getting the proper treatment. They were very good at redirecting my concerns to calm me down and keep me calm."

Andersen said he thinks this training is beneficial because it allows for some practical application to the things they've learned in classes and from textbooks.

"We're going forward to be military physicians and having been deployed to Iraq before and walking around on a base, it's very possible for a rocket to come over and the physician to have to assume that role that would normally be filled by a medic or corpsman," he said.

Goolsby said the course is designed to teach leadership skills as well.

"We expect as they go out into the military after graduation, they'll be able to become leaders in terms of battlefield medicine," Goolsby said. "Whatever specialty or wherever they go, there's knowledge of battlefield medicine and appreciation for that in their future military careers."

Another aspect of the course took place in the classroom where the medical students heard from Wounded Warriors about being wounded in combat and the treatment they received.

Army Capt. Gavin White showed the students video footage of his injuries — a broken left leg, an above-knee amputation, and pelvis fracture — he received after he was hit by an improvised explosive device while doing route clearance in Afghanistan. The video shows his injuries, how he and others reacted to the situation and the care he received after being hit.

"You can see still photos, and I can tell stories all day, but actually seeing this is actually what went on — kind of the gory details — helps as a teaching point," White said.

Army Sgt. Maj. Brent Jurgensen, who was injured twice in combat, said he came to talk about his injuries and subsequent treatment with the medical students because he thinks it's a good opportunity for them to see how their education and training will help their fellow service members.

Jurgensen's first injury was a gunshot wound to the face, which shredded his tongue, and severely ripped his lip and left him in a coma. After recovering from those wounds, he went back to Iraq and while on a reconnaissance patrol his Humvee was hit by a rocket-propelled grenade, which left Jurgensen with a compressed skull fracture, traumatic brain injury, left-leg amputation and right-hand fracture, plus numerous shrapnel wounds and burns to his body.

"Some of the challenges we have now is these injuries give a lifetime," he said. "I think most American people think, they see our Warriors and our veterans skiing and riding bikes and everything else like that. But what they don't see is the lifelong effects of some of these injuries, and I don't think we still quite understand what some of those effects are — even some of the below-knee amputees now are starting to have some back problems."

The advice the two had for the medical students:

White said the medical students should be advocates for continuous and realistic medical training wherever they end up after leaving USU.

Jurgensen said they should be confident in their skills and portray that confidence to others.

"I couldn't care less what color of uniform you're wearing," he said. "It never matters to me one minute in my life. I know what your eyes say. The fact is you're taking care of us and that's what matters."



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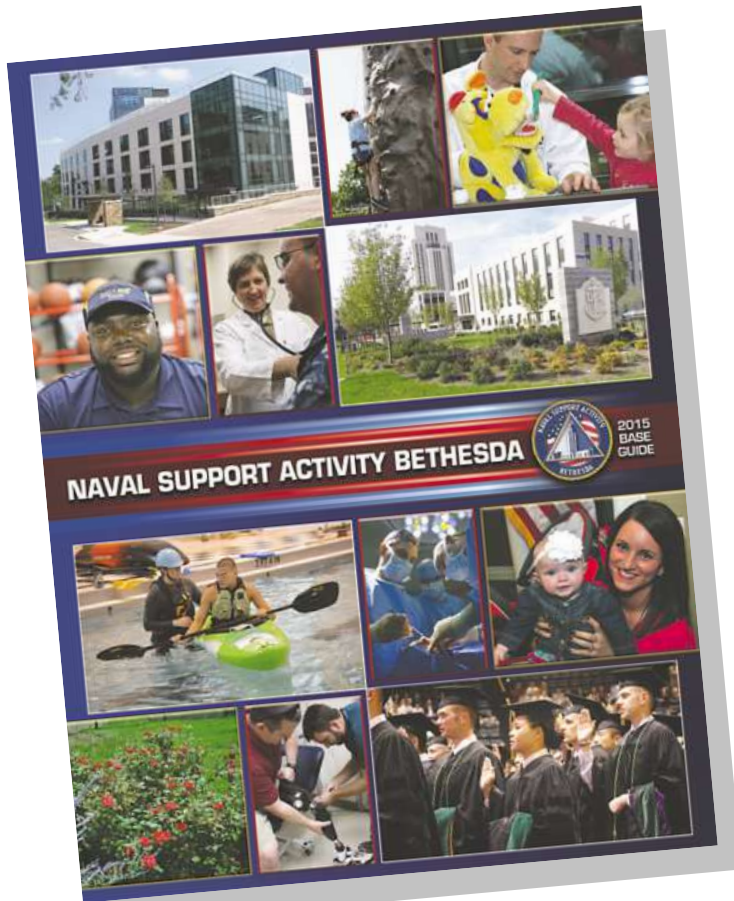
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